U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - \$254

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

, , , , , , , , , , , , , , , , , , ,	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Marietta A DiCamillo	Name Major League Baseball Players Association Labor Organization File Number 064-727			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 69 Leslie Lane	Street 12 E 49th Street, 24th Floor			
City New Hyde Park	City New York			
State New York ZIP Code + 4 11040-1836	State New York ZIP Code + 4 10017			
5. Position in labor organization. Comptroller Transport of the Comptrolle				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			

Signature

ZIP Code + 4

7.b. Amount.

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15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying docur	nents), has been ex	amined by the signatory and is, to the best of the
Signed Marietta Di Camilla	On	8/10/2005	516-354-6253
		Date	Telephone Number

. 1, 62

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Name of Person Filing Marietta DiCamillo	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Workgroup Computing Alliance Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8 West 38th Street, Suite 1102 City New York State New York ZIP Code + 4 10018 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	9. Business deals with: X				
Trade Name, if any: P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing. \$88,000				
State ZIP Code + 4	12.a. Nature of interest held or income received. Lunch				
	12.b. Amount. \$50				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing	Marietta	DiCamillo		File Number U -	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (inclu	ding trade name, if any).	9. Business deals with:	-	
Name Weaver Barksdale Trade Name, if any:		a. Labor Organization		
Street 30 Burton Hills Blvd.,	550	c. Employer		
City _{Nashville}				
State Tennessee	ZIP Code + 4 37215			
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.		
Name		Funds Manager		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$60,000	
		12.a. Nature of interest held or income received.		
		Lunch Sherried Pecans		
		Sherried Fedans		
		12.b. Amount.	\$75	

Name of Person Filing Marietta	DiCamillo	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Elliott Horowitz & Co., LLP	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 875 Third Avenue	c. Employer		
City New York			
State New York ZIP Code + 4 10017			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Auditing/Accounting Services		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$112,000		
	12.a. Nature of interest held or income received.		
	Lunch		

	12.b. Amount. \$50		